

Release Form

First & Last Name:

Mailing Address:

Name of City:

Zip Code:

Phone Number:

Email Address:

Title of Submission:

I hereby certify that this submission is my own work created exclusively by me. I understand that my name, the name of this submission, as well as any portion of this submission may be displayed on the Wolfner Talking Book and Braille Library website, posted on its Facebook page, printed in its publications, and produced in audio. I have read and agree to the submission guidelines. I hereby grant the Wolfner Talking Book and Braille Library and its staff the right to use this submission once it has been submitted to the Adult Writing Contest. My signature indicates that I have read and hereby accept the conditions of this Release Form.

Signature of Writer: